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FEC FORM 2

STATEMENT OF CANDIDACY

	ame of Candidate (in full)								
	CCLAIN, LISA, , ,		ok if ad-l	a obcasi i		2 Candid.	0'0 EEO 1-1 1	ifiochie - *	lumbor
(b) Address (number and street) ☐ Check if 11540 34 MILE ROAD			ck if address	s changed		Candidate's FEC Identification Number H0MI10287			
` '	ty, State, and ZIP Code					3. Is This	Nev		Amended
	RUCE TOWNSHIP		MI	4806	-	Stateme	()	OR	(A)
4. Party		5. Office Sought			6. State & Dist		ate		
REP	UBLICAN PARTY	House			MI	10			
	DE	SIGNATION	OF PRI	NCIPAL	CAMPAIGI	и сомил	TTEE		
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)									
NOTE: This designation should be filed with the appropriate office listed in the instructions.									
` '	ame of Committee (in full)	R CONGRE	ESS						
` '	Idress (number and street) 1540 34 MILE ROAD								
(c) Ci	ty, State, and ZIP Code								
	BRUCE TOWNSHIP				MI	48065			
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.									
	:: This designation should be	filed with the princ	ipal campaiç	gn committe	ee.				
` ,	ame of Committee (in full)	S DAC							
ľ	VIICI IIGAN VALUL	STAC							
	Idress (number and street) 06 WEST ALLEGAN STREE	T							
20	00								
(c) Ci	ty, State, and ZIP Code								
L	ANSING				MI	48893			
	I certify that I have exa	amined this Stater	nent and to t	the best of i	my knowledge a	and belief it is t	true, correct a	nd comp	ete.
Signature of Candidate						Date			
McClain, Lisa, , ,				[Elect	ronically Filed]	06/02/202	1		
NOTE: S	ubmission of false, erroneous	, or incomplete in	formation ma	ay subject t	ne person signii	ng this Statem	ent to penaltie	es of 2 U.	S.C. §437g.
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NOTE: S	ubmission of false, erroneous	, or incomplete int	formation ma	ay subject t	ne person signii	ng this Statem	ent to penaltion	es of 2 U.	S.C. §437g.

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